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**MAY 04 2005**

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21828      7590      02/01/2005

**CARRIER BLACKMAN AND ASSOCIATES  
24101 NOVI ROAD  
SUITE 100  
NOVI, MI 48375**

05/05/2005 GWORDOF2 00000039 10685203

01 FC:1501	1400.00 OP
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Erica Briggs	(Depositor's name)
<i>Erica Briggs</i>	(Signature)
02 May 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/685,203	10/14/2003	Tadashi Niino	KPO-116-A	4187

TITLE OF INVENTION: FATIGUE SAFETY FACTOR TESTING METHOD AND FATIGUE SAFETY FACTOR TESTING APPARATUS

**RECEIVED FEB - 3 2005**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/02/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
NOORI, MAX H		2855		073-808000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Carrier, Blackman & Associates, P.C.  
 2 William D. Blackman  
 3 Joseph P. Carrier

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Honda Giken Kogyo Kabushiki Kaisha

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0744 in the name of Carrier, Blackman & Associates, P.C. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature W. Black

Date 02 May 2005

Typed or printed name William D. Blackman

Registration No. 32,397

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